

APPLICATION DATA SHEET**Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks:: 0

Number of copies of CDs:: 0

Sequence submission?:: No

Computer Readable Form (CRF)?:: No

Number of copies of CRF:: 0

Title :: PESTICIDE AND FUNGICIDE TREATMENTS
MADE FROM HOP EXTRACTS

Attorney Docket Number:: 50557-6

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 0

Small Entity?:: Yes

Petition included?:: No

Petition Type::

Licensed U.S. Gov't Agency::

Contract or Grant No::

Secrecy Order in Parent Appl.?:: No

First Applicant Information

| | |
|---|--------------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | US |
| Status:: | Full Capacity |
| Given Name:: | Gene |
| Middle Name:: | |
| Family Name:: | Probasco |
| Name Suffix:: | |
| City of Residence:: | Yakima |
| State or Province of Residence:: | WA |
| Country of Residence:: | US |
| Street of mailing address:: | 510 Friedline Road |
| City of mailing address:: | Yakima |
| State or Province of mailing address:: | WA |
| Country of mailing address:: | US |
| Postal or Zip Code of mailing address:: | 98908 |

Second Applicant Information

| | |
|----------------------------------|---------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | US |
| Status:: | Full Capacity |
| Given Name:: | Mark |
| Middle Name:: | M. |
| Family Name:: | Bossert |
| Name Suffix:: | |
| City of Residence:: | Yakima |
| State or Province of Residence:: | WA |
| Country of Residence:: | US |

| | |
|---|------------------|
| Street of mailing address:: | 6910 West Prasch |
| City of mailing address:: | Yakima |
| State or Province of mailing address:: | WA |
| Country of mailing address:: | US |
| Postal or Zip Code of mailing address:: | 98908 |

Third Applicant Information

| | |
|---|-----------------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | US |
| Status:: | Full Capacity |
| Given Name:: | David |
| Middle Name:: | W. |
| Family Name:: | Hysert |
| Name Suffix:: | |
| City of Residence:: | Yakima |
| State or Province of Residence:: | WA |
| Country of Residence:: | US |
| Street of mailing address:: | 6006 Englewood Avenue |
| City of mailing address:: | Yakima |
| State or Province of mailing address:: | WA |
| Country of mailing address:: | US |
| Postal or Zip Code of mailing address:: | 98908 |

Correspondence Information

| | |
|----------------------------------|---------------------------|
| Correspondence Customer Number:: | 22504 |
| Name:: | Bruce A. Kaser |
| Street of mailing address:: | 1501 Fourth Avenue, #2600 |
| City of mailing address:: | Seattle |

State or Province of mailing address:: WA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 98101-1688
Phone number:: (206) 622-3150
Fax number:: (206) 628-7699
E-Mail address:: brucekaser@dwt.com

Representative Information

| | | |
|----------------------------------|--|--------------|
| Representative Customer Number:: | | 22504 |
|----------------------------------|--|--------------|

Domestic Priority Information

| Application :: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|----------------|-------------------|----------------------|----------------------|
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Foreign Priority Information

| Country:: | Application number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
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Assignee Information

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|---|--|
| Assignee name:: | |
| Street of mailing address:: | |
| City of mailing address:: | |
| State or Province of mailing address:: | |
| Country of mailing address:: | |
| Postal or Zip Code of mailing address:: | |